

POST-TRAINING NOTIFICATION

WAC 365-230-100 Notification of lead-based paint training activity (2) The training manager shall provide notification following completion of lead-based paint activities courses.

1. Training Program Information:

Name_____

Department Accreditation Number_____

Address_____

Phone_____

2. Course Information:

Discipline_____

Type (initial / refresher)_____

3. Date(s) and Time(s) of training_____

4. The following information for each student who took the course:
(Attach an additional sheet to provide this information)

Name

Address

Social Security Number

Course completion certificate number

Student test score

Was the test written or verbal? _____ Written _____ Verbal

Training Manager (print)

Training Manager (signature)

Send to: CTED Lead-Based Paint Program, PO Box 42525, Olympia, WA 98504-2525

Fax to: CTED Lead-Based Paint Program: (360) 586-5880; Questions: (360) 725-2929